Approved for use through 073 1721 CUSB222 (09-11)

Approved for use through 073 1721 COMBERCE

U.S. Petent and Trademark Divisor, U.S. DEPARMENT OF COMBERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information trinsient a legally a valid CIBS control number.

	Docket Number (Optional)	Docket Number (Optional)	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136	47563.0004	47563.0004	
Application Number 10/686,380 Filed 15 October 2003			
For VASCULAR SEALING DEVICE WITH LOCKING HUB			
Art Unit 3734	Examiner Eric D. Blatt	Examiner Eric D. Blatt	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<u>Fee</u>	Small Entity Fee		
✓ One month (37 CFR 1.17(a)(1)) \$150	\$75 \$ <u>150</u>	.00	
Two months (37 CFR 1.17(a)(2)) \$560	\$280 \$		
Three months (37 CFR 1.17(a)(3)) \$1270	\$635 \$		
Four months (37 CFR 1.17(a)(4)) \$1980	\$990 \$		
Five months (37 CFR 1.17(a)(5)) \$2690	\$1345 \$		
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
▼ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2623</u> . The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2623</u> . The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2623</u> . The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2623</u> . The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2623</u> . The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2623</u> . The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2623</u> . The Director is hereby authorized to the property of the pro			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
attorney or agent of record. Registration Number 33,236			
attor key or agent under 37 CFR 1.34.			
<u> </u>	19 DECEMBER 7	lou_	
L. Grant Foster	Date 801-799-5830	54.0	
Typed or printed name	Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of forms are submitted. It is collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the			

This collection of Information is required by 37 CFR 1.13(e), The information is required to obtain or retain a benefit by the public which is the (end by the USFTO) to process) an application. Confidentially is governed by 35 U.S. C. 12 and 37 CFR 1.11 and 1.1. This collection is estimated to take (end by the USFTO). The complete is estimated to the complete incomplete including gathering, peparing, and surface in the complete incomplete incomple